

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020831

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 23 1962

1003

4684

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If outside, give location) 1407 Semple Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last JACOB C. PARISH		4. DATE OF DEATH Month Day Year May 6 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor-Fish Business		11. BIRTHPLACE (City and state or country) Kentucky	
13a. FATHER'S NAME Barney Parish		14. NAME OF HUSBAND OR WIFE Late Maggie Parish	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		17. INFORMANT Walter S. Parish-R.R.#1-Penfield, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary oedema Pneumonia both lower lobes Auricular fibrillation Cardiac hypertrophy and Auriculo-ventricular heart block Myocardial ischaemia & infarction		INTERVAL BETWEEN ONSET AND DEATH 24 hours 5 days 2 days 8 weeks 8 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) tissue expectoration- non specific (Pathologist) Marked pulmonary Tuberculosis, right upper, of undetermined activity or duration (xray report)		PART III. (a) female was pregnant in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201A	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1957, to and last saw her alive on May 6, 1962 Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Henry E. Rosenberg M.D. Henry E. Rosenberg M.D.	
22b. ADDRESS 1467 N. Union Blvd. St. Louis 13		22c. DATE SIGNED May 8 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	23b. DATE May 8, 1962	23c. NAME OF CEMETERY OR CREMATORY Olive Hill	23d. LOCATION (City, town, county) Olive Hill, Kentucky
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. May 7, 1962	
26. REGISTRAR'S SIGNATURE Loal Smith M.D.			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. W. Storrans

Licensed Embalmer No. 4007

P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.